



State of Utah
Department of Commerce

Division of Occupational and Professional Licensing

JON M. HUNTSMAN, JR.
Governor

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Division Director

Notification Form for Pharmacy Technicians

DOPL-FM-002 REV 03/01/2005

Training Start Date: _____ Anticipated Date of Completion: _____

Name of Technician-in-Training: _____

Name of Pharmacy: _____

Address of Pharmacy: _____

Pharmacy's Utah License Number: _____

Teaching Pharmacist(s):

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Name: _____ License Number: _____

Approved Manual: _____

Comments: _____

Send To: Utah Board of Pharmacy
PO Box 146741
Salt Lake City, Utah 84114-6741

Please make copies of this form for future use. This form must be submitted PRIOR to beginning the training of the pharmacy technician. Training done in a non-approved program will not be given credit, and training will have to be repeated in an approved program.